



The CIGNA Dental Difference DHMO Provider Nomination Form

If you would like your dentist to join the CIGNA Dental Care (DHMO¹) network, we encourage you to speak with him/her about us. For more information about CIGNA Dental please have your dentist call us at 1.800.CIGNA24 (1.800.244.6224).

TO BE COMPLETED BY EMPLOYEE

Name: _____

Employer: _____

BE COMPLETED BY DENTIST

Name: _____

Street Address: _____

City: _____

Telephone: _____

Specialty: _____

of Dentists: (FT): _____ (PT): _____

of Hygienists: (FT): _____ (PT): _____

Please return to:

CIGNA Dental - Dawn Applewhite (dawn.applewhite@cigna.com)

4809 Jodi Dr.

Keller, TX 76244

Phone - 817-849-1689, Fax - 646-459-2093

Note: CIGNA contacts all nominated dentists in an effort to recruit them into the network. However, we cannot guarantee that they will join the network.

¹"DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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